



PERIODIC PROGRESS REPORT

Instructions for Completion (see attached blank forms)

- Purpose:** To gather uniform data regarding the progress and compliance of approved Certificate of Need (CON) projects in accordance with §197.300 to §197.366 RSMo; and to provide data to develop, implement and manage a database for project tracking, monitoring, notification and follow-up.
- Used by:** Missouri Health Facilities Review Committee, CON Program Staff, and Project Contact Person.
- General:** Periodic Progress Reports (PPRs) must provide all requested data and information in a complete, concise and legible manner. Each PPR must indicate if it is an Intermediate or Final Report. PPRs which are incomplete, illegible and/or contain mathematical discrepancies may be returned to the Contact Person for appropriate corrective action.
- Project ID:** Any changes in this information must be brought to the attention of the CON Program Staff immediately upon occurrence.
- Add'l. Info.:** *Additional information MUST be attached to **substantiate** answers to the individual questions. All final PPRs must include documentation which substantiates all claims and expenditures.*

Individual Questions:

- 1. Have capital expenditures been incurred for the proposed construction and/or medical equipment?** A capital expenditure shall be deemed to have occurred if the applicant has at least one or more of the following:

- **Construction expenditures** assignable to a capital asset in accordance with generally accepted accounting principles and which are not chargeable to pre-development or operating costs, which may be documented by a signed AIA construction contract with starting and ending dates; and above-ground construction;
- **Purchase Orders (POs)** which are signed and which include the date of purchase, delivery, installation and operational date; or
- **Acquisition** of medical equipment or property by lease, transfer, or purchase which has been authorized by the applicant and includes the date of the lease, the annual cost, cost and date of buy-out; purchase date, delivery installation and operational dates; and transfer date, current value, installation and operational date.

If the answer to this question is "Yes," then attach copies of the appropriate signed construction contract (include pictures of construction activity), purchase order, or lease agreement (with original signatures).

If capital expenditure or expenditure for medical equipment has not been incurred, provide a detailed explanation and include the steps being taken to correct the situation within the time constraints of §197.315.9 RSMo. Indicate the nature, costs and the date that a capital expenditure will be incurred.

- 2. Are the expenditures for this reporting period/project-to-date included?**

List all project expenditures, by category, incurred during the reported period and project-to-date on the **Project Budget/Expenditures** form.

- 3. Are the projected final costs within the limits approved?** *(Self-explanatory)*

Using current costs and expenditures, extrapolate final project costs to the project completion date. If total costs will exceed those approved by the Committee by more than 10%, specify and explain the area and category involved. Also, indicate the estimated filing date for your cost-overrun application.

- 4. Are there changes in the services or programs approved?** *(Explain any changes)*

- 5. Has the project contact person changed?** If "Yes," enclose a new CON Contact Person Correction Form.

- 6. Construction or installation is _____ % complete.**

*(If the project expenditures and construction are both 100% complete, provide a **final** project budget and expenditure report.)*



Certificate of Need Program

PERIODIC PROGRESS REPORT

Type of Progress Report:

- ☐ Intermediate
☐ Final

All applicants granted a Certificate of Need (CON) by the Missouri Health Facilities Review Committee are required to submit periodic progress reports until such time as the project is complete (§197.315 (8) RSMo). These reports **must** be filed with the CON Program staff after the end of **each six (6) month reporting period** following the issuance of a CON.

Name of Project	Report Period
Address	Project Number
	Date CON Issued
Project Description	Approved Cost

- ☐ Yes **1. Capital expenditures have been incurred for above-ground construction and/or**
☐ No **medical equipment.**

_____ Date construction started or equipment purchased. Provide copy of AIA contract and/or purchase order.

- ☐ Yes ***2. Expenditures for this reporting period and project-to-date are included.**
☐ No

_____ % of the total approved project amount that has been expended to date.

- ☐ Yes **3. There are changes in the final costs of the project.**

☐ No *If "Yes," explain in detail and provide replacement pages for the approved application.*

\$ _____ Estimated final project cost

- ☐ Yes **4. There any changes in the services or programs approved scope of the project.**

☐ No *If "Yes" explain in detail and provide replacement pages for the approved application.*

- ☐ Yes **5. The project contact person changed.**

☐ No *If "Yes," enclose a new Contact Person Correction Form (MO 580-1870).*

***6. _____ % of the construction or installation is complete.**

_____ % of the installation is complete.

If Items 2 and 6 are both 100% complete, signify this as the **Final Report and submit documentation of final costs.*

Description of progress to date. Clearly explain expenditures, delays, changes in project progress, or lack of progress, of the approved project (use additional pages as needed):



Certificate of Need Program

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Project Budget/Expenditures		Report Period: _____ to _____	
Description	Application	This Period	Project-to-date
1. General Construction Costs			
2. Site Work			
3. Subtotal Construction Costs			
4. Architectural/Engineering Fees			
5. Fixed Equipment			
6. Movable Equipment			
7. Land Acquisition			
8. Consultants' Fees/Legal Fees			
9. Interest During Construction			
10. Other Costs			
11. Subtotal Non-construction Costs			
12. TOTAL Project Development Costs			
Square footage: New Construction			
Renovated Space			
Total Project			
Costs per square foot: New Construction			
Renovated Space			
Name of Contact Person		Title	
Telephone Number	Fax Number	E-mail Address	